

OFFICE OF THE ATTORNEY GENERAL OF VIRGINIA
IDENTITY THEFT PASSPORT REQUEST -- VICTIM INFORMATION SHEET

Name: _____

Last First Middle

Mailing Address: _____ Phone H: (____) _____ W: (____) _____

Date of Birth: _____
 S. _____ M. 1. _____ F. 1. _____ B. _____

 _____ ZIP _____

Sex: Male: ☐ Female: ☐ Race: _____
 U.S. Citizen: Yes ☐ No ☐

E-Mail: _____ Non-U.S. Citizen/Lawfully present: Yes ☐ No ☐

Photo ID: _____ Please indicate your status* _____

MUST include Photo ID (*Copy of VA Driver's License is acceptable, but optional, and may help to EXPEDITE the issuance process*) (*MUST provide copy of supporting documentation)

Date you became aware of Identity Theft: _____

County/City and State where theft occurred: _____

Resident of Virginia at time of incident: Yes ☐ No ☐

VA Locality with which you filed Police Report: _____

Name & Phone Number of Officer who took your Report: _____

As a result of ID Theft, are there criminal charges on your record? Yes ☐ No ☐

Copy of VA Police Report or Expungement Order Attached (if Criminal Charges?) Yes ☐ No ☐

(MUST provide copy of Police Report or Court Order/Expungement)

Name of Court that Issued Expungement Order / Date of Order: _____

Has the person who stole your information been identified? Yes ☐ No ☐

If so, has the suspect been arrested? Yes ☐ No ☐ Don't Know ☐

If Yes, give the name of that suspect: _____

Type of Theft / Involvement: *Credit Card* ☐ *SSN Misuse* ☐ *Driver's License* ☐ *Passport* ☐ *Stolen Checks* ☐

Mail ☐ *ATM* ☐ *Income Tax Fraud* ☐ *Civil/Criminal Judgment* ☐ *Ins. Coverage* ☐ *Ind. Dept. Store Acc'ts* ☐ *Other** ☐

(*Describe Below)

Give a brief description of the incident(s) of your ID Theft:

(Please continue on back of this Form, if necessary)

Please Read Before Signing: Please know that in accordance with § 18.2-461 it shall be unlawful for any person (i) to knowingly give a false report as to the commission of any crime to any law-enforcement official with intent to mislead, or (ii) without just cause and with intent to interfere, with the operations of any law-enforcement official. Violation of the provisions of this section shall be punishable as a Class 1 Misdemeanor.

By signing this report, I attest that the information provided above is true and accurate and I acknowledge that I did file an accurate and true police report or expungement order related to my identity theft, a copy of which is attached.

Victim's Signature: _____

Today's Date: _____

PLEASE INFORM THIS OFFICE IN WRITING OF ANY CHANGES IN YOUR ADDRESS

RETURN THIS FORM TO:

OFFICE OF THE ATTORNEY GENERAL
ATTN: IDENTITY THEFT PASSPORT
900 EAST MAIN STREET
RICHMOND, VA 23219

PROGRAM PHONE NUMBERS:

800.370.0459

804.692.0555

804.786.5284

8/3/10